

Evaluation Form



Printed on Dec 20, 2016

**A7. PATIENT/FAMILY Evaluation of fellow**

Evaluator: \_\_\_\_\_

Evaluation of: \_\_\_\_\_

Date: \_\_\_\_\_

1. Date \_\_\_\_\_

	Strongly Agree	Somewhat Agree	No opinion	Somewhat Disagree	Strongly Disagree
2. Treated my child and me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Somewhat Agree	No opinion	Somewhat Disagree	Strongly Disagree
3. Listened carefully to what I needed to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Somewhat Agree	No opinion	Somewhat Disagree	Strongly Disagree
4. Was interested in the welfare of my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Somewhat Agree	No opinion	Somewhat Disagree	Strongly Disagree
5. Appreciated the impact of my child's illness on our lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Somewhat Agree	No opinion	Somewhat Disagree	Strongly Disagree
6. Explained changes in my child's treatment plan in a way that I could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Somewhat Agree	No opinion	Somewhat Disagree	Strongly Disagree
7. Answered all my questions satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Comments: \_\_\_\_\_  
 \_\_\_\_\_

<hr/> <hr/> <hr/>
<hr/>